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AUTHOR Gross, Raymond C.
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ABSTRACT

A practicum was conducted to develop a guide for establishing a respiratory therapy program advisory committee for the Hahnemann School of Respiratory Therapy. A need existed to appoint such a group in order to satisfy accreditation agency requirements to maintain status as an approved program. Background information on the respiratory therapy program is presented. A literature review demonstrated that while advisory groups are relatively new to allied health, they have been an integral part of vocational education for more than 60 years. The literature review and sample documents and guidelines became a basis for developing a set of documents and a plan of action that have been presented to the faculty for implementation. The review of documents from other allied health programs demonstrated that the organizational design, function, and composition of such committees were variable. A key point that was discussed in several of the reviewed works was that the effectiveness of the advisory committee depended upon proper guidance from the program. Since the group will be of maximum benefit to the program if it does not act simply as a rubber stamp for the program, faculty members are not eligible for membership. Statements, which are appended, pertain to the charges and limitations of the committee, its organizational design, and procedures for initial and on-going development. Additionally, the following materials are appended: a proposed agenda for the committee's first and second meetings, a proposal for the annual program of work for the committee, an evaluation plan and evaluation form, a list of requirements for accreditation, and a bibliography. (SW)

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A GUIDE FOR DEVELOPING THE HAHNEMANN SCHOOL OF RESPIRATORY THERAPY ADVISORY COMMITTEE

by

Raymond C. Gross, M.Ed., RRT

THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL

CLUSTER COORDINATOR Peter K. Mills, Ed.D.

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A GUIDE FOR DEVELOPING THE HAHNEMANN SCHOOL OF RESPIRATORY THERAPY ADVISORY COMMITTEE

by Raymond C. Gross

September, 1980

The purpose of this study was to develop a guide for establishing a respiratory therapy program advisory committee. An important factor that prompted this study was the need on the part of the program to appoint such a group in order to satisfy accreditation agency requirements to maintain its status as an approved program. The problem was that scant information was available from either the College or the accreditation agency to guide the program in its work of establishing such a committee.

The review of a literature demonstrated that while advisory groups are relatively new to allied health, they have been an integral part of vocational education for more than sixty years. The review of literature together with sample documents and guidelines became a basis for developing a set of documents and a plan of action that have been presented to the faculty for implementation. The study is of relevance to other allied health programs. Copies will be distributed to other programs in the College and to the professional accreditation agency.

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INTRODUCTION

Advisory groups have been part of the American education system since before the turn of the century. While advisory groups are found in general education, the program sponsored advisory committee has been most commonly associated with the vocational education movement. The program sponsored advisory committee acts as a bridge between the vocational program and the real world. Such committees can play a very important role during the development, implementation and ongoing operation of the program. These committees, made up most typically of outsiders, can help the program by balancing the views, interests and concerns of the faculty with those of other interested but uninvolved individuals. The composition of such committees typically includes representatives from the related business or industry, educators, and the consumer. Students and alumni may also be found on such committees. Properly composed, the advisory committee can represent a microcosm of the real world that can interact with the faculty in any and all matters that impact on the process and product of the program.

Although the advisory committee concept is well established in educational programs for other career fields, it is only in a developmental stage for some allied health professions such as respiratory therapy. A reflection of the growing importance given to advisory groups may be seen in terms of the professional accreditation standards. The standards for respiratory therapy programs have included the provision for an advisory committee since 1972. However, only recently

has this requirement gained the status of importance where it can affect the programs accreditation status. Since the accreditation status of a respiratory therapy program can influence the students future success in achieving both credentials and employment, the existence of an active advisory committee is of vital importance. In addition to accreditation, other pressures such as those from employers underscore the value of an active advisory committee.

PURPOSE

The purpose of this practicum was to develop a guide for establishing an advisory committee for the Hahnemann School of Respiratory Therapy.

PROBLEM

While the professional accreditation standards for respiratory therapy training require a program sponsored advisory comittee, scant information is provided to guide programs in achieving compliance. More importantly, the lack of adequate guidance may lead to the creation of a program related advisory group that either doesn't interact with the program or does so inappropriately.

SIGNIFICANCE

This study was of direct significance to the Hahnemann School of Respiratory Therapy and the Educational Policy System Module. The continued status as an approved training program recognized by the professional accreditation agency is contingent in part upon the appointment and operation of an advisory committee. Although not a policy making

body in its own right, the advisory committee can act as a powerful influence in policy making decisions of a program. An advisory group that is ill conceived or haphazardly assembled, may have little or no impact on the operation of a program. On the other hand, a well designed and active advisory group can do much to guide the program to continued effectiveness which will be of particular importance in the coming decade. As pointed out in the Educational Policy Systems Module handbook, educational systems are experiencing ever increasing pressure by both governmental and non-governmental agencies and interest groups. Accountability both on a cost and product basis require that training programs must be responsive to the changing needs of society. They must make every effort to assure continued relevancy to the real world. In fact, the very survival of these programs depends upon it.

BACKGROUND

Respiratory Therapy is an allied health specialty that is engaged in the diagnosis, care and treatment of patients suffering from a wide variety of lung and heart diseases. The profession, which traces its origin back to the nineteen forties, has grown at an exponential rate in the sixties and seventies, (Collier and Youtsey, 1977). Most training programs for this specialty were established within the last ten years and are sponsored by or affiliated with degree granting institutions, usually at the community college level.

The School of Respiratory Therapy is one of fourteen

professional programs housed within the Hahnemann College of Allied Health Professions. The College functions as the undergraduate component of the academic division of a medical university hospital complex located in Philadelphia. The School was established in 1973 as an associate degree level program of study aimed at the preparation of entry level respiratory therapists. It has been recognized as an approved program since 1975. The current term of accreditation for the School extends to the academic year 1980-81, at which time it will undergo review by the professional agency.

The United States Office of Education has recognized the Council on Medical Education (CME) of the American Medical Association (AMA) as the body to accredit educational programs for respiratory therapy. Accreditation is granted according to the recommendations of the Joint Review Committee for Respiratory Therapy Education (JRCRTE) on the basis of the Essentials and Guidelines for Accredited Educational Program for the Respiratory Therapist. (Collier and Youtsey, 1977).

These standards usually referred to as the"Essentials" are of vital importance to respiratory therapy training programs since their accreditation status is contingent upon conformance with them. The "Essentials" which were first published in 1962, have since 1972 required the appointment of a program advisory committee.

As a reflection of the tremendous growth within allied

health education and the growing concerns over the accreditation process, the AMA in 1976 appointed the Committee on Allied Health Education and Accreditation (CAHEA), and delegated to it the responsibility to accredit allied health programs. (AMA, 1978, p. 55).

This committee,together with the CME has been responsible for upgrading and standardizing the accreditation criteria and related policies and procedures for the allied health professions. Previous practices which included somewhat arbitrary enforcement of standards, including those related to advisory committees, were replaced with an unbiased approach that held the JRCRTE and similar groups responsible for conformance with all established standards. In addition, a standard format was developed for drafting and revising the accreditation standards of the professional organization. "The Standard Format for Essentials" adopted by CAHEA includes the provision that where appropriate, a program shall have an advisory committee that will facilitate program development, coordinate and evaluate. (AMA, 1978, p. 68)

As an outgrowth of these events, the value of the advisory committee within respiratory therapy education was seen in a new light. Previously, program approval occurred irrespective of the existence of such a committee. Now, it in part hinges upon the active involvement of such a group. Although newly established programs had to establish an advisory group to be considered for accreditation, existing

programs were not held to the standard until they were due for reaccreditation. Thus some programs which heretofore never had an advisory group now had to demonstrate that they had appointed such a group and that it was actively involved with the program.

In spite of the growing importance of the role of the advisory committee, little guidance has been forthcoming from the accreditation groups. Excerpts of both the CAHEA developed "Format for Essentials" and the JRCRTE "Essentials" are appended. These standards and their related guidelines in essence call for the establishment of such a group, describe its desired composition and general function, and identify the minimum frequency of required meetings for the group.

While the documents describing such standards should perhaps rightly be kept somewhat vague, no other information or guidance has been made available by these agencies to assist programs in their efforts to conform to these standards.

Data collection, which represented the major activity of this project began with contacting key individuals involved at various levels with the accreditation process for respiratory therapy programs.

The executive director of the JRCRTE in personal communication, reviewed the appropriate"Essentials"and related guidelines, but was unable to add any further information, or to suggest resource documents. (von der Heydt, 1980).

A consultant of the AMA, Department of Allied Health Evaluation (Parks, 1980), who functions as a liaison between the JRCRTE and CAHEA, reviewed the general purpose of advisory committees and several guidelines for their appointment and operation. He also noted that while CAHEA supports the advisory committee concept, it does not mandate it. He also touched upon the suggested composition of such committees and emphasized that they should be free from influence by the institution. Unfortunately, Dr. Parks was unable to suggest any references or models that might be used to guide the program in its efforts to develop one. At the suggestion of Dr. Parks, inquiries were directed to the Council on Post Secondary Accreditations (COPA) and the United States Office of Education (USOE).

The acting director of COPA, Dr. Chambers (1980), noted that the role of advisory committees was to bring a balance of viewpoints to the School or program. Closed groups tend to become self serving and advisory committes are one force that helps to counter balance this tendency. Dr. Chambers suggested that the contributions of such groups should not be viewed as limited input on technical matters but rather a broad involvement with the entire School operation. He also indicated that advisory committees have a socially valid role that has gained increased acceptance given the trends of increased attention to third party reimbursement for health care costs, health maintenance organizations and health care audit procedures. With regard to guidelines

for organizing such groups, Dr. Chambers indicated that the vagueness encountered in statements from accreditation agencies was intentional so as to permit the maximum of flexibility. He did suggest that more specific guides were available from a number of public and private vocationally related agencies.

Contacts with personnel from the USOE Division of Eligibility and Agency Evaluation did not yield much additional information. The assistant director of the division, Dr. Friedrich, (1980) noted that most of the work on advisory groups came out of vocational education and that various guides had been prepared by state and regional vo-tech related agencies. He went on to add that advisory committees have not been a prominent point of interest nor have any studies been conducted to validate their role in improving educational programs. A staff member of the same agency who was more involved with allied health training programs noted that advisory committees had become increasingly important since the late nineteen sixties and that advisory groups have gained even greater importance in the mid-seventies with the development of CAHEA (Binker, 1980).

Attempts to gather information from other programs within the College of Allied Health Professions was also not very productive. Of the fourteen programs sponsored by the College, twelve are subject to the standards of a professional accreditation agencies which in turn are subject to CAHEA. Communications with other program directors.

revealed that advisory committees enjoyed a similar developmental status within their respective fields. The directors of the Physical Therapy and Physicans Assistant programs noted that although their programs were required to appoint an advisory committee, little or no guidance was forthcoming from their respective accreditation agencies. Other program directors indicated that at present they are urged but not yet mandated to have such a committee. No policy, procedure or guideline exists at Hahnemann on the College level that addresses the issue of advisory committees and their function, development and implementation.

REVIEW OF LITERATURE

A review of literature dealing with advisory committees revealed that a wealth of information exists, primarily in the form of handbooks and descriptive guides issued by state departments of education and vocational associations. The literature search also demonstrated that advisory groups are considered important in primary and secondary levels of public education. Parent teachers associations and community advisory councils are two such examples of commonly encountered public education related groups.

A number of works were found that dealt with the history of advisory groups. Struck (1945) notes that while advisory groups were active in the late eighteen hundreds, the Smith Hughes Act of 1917 prompted the wide spread development of these groups as an integral part of the vocational education movement. He also noted that another powerful influence in

the development of advisory groups was the USOE which became an advocate of such groups as a way to keep programs realistic and geared to the present and future. The next wave of attention paid to advisory groups came in the late nineteen sixties and early seventies.

Federal legislation called for the establishment of national, state and local advisory councils for vocational programs by the Vocational Education Amendments of 1968, 1972 and 1976. (Alabama, 1977). As noted previously, the importance of such groups within allied health education was also fostered by the formation of CAHEA in the mid-seventies (Binker, 1980).

Several of the handbooks published by state departments of education note that the program advisory committee is only one of the several types of such groups that relate to educational systems (Ohio, 1978, a),(Maryland, 1977) and others. On the national level, voluntary advisory groups such as the American Vocational Association advise programs and professions on a national basis. The federally mandated National Council for Vocational Education which is linked to mandated state advisory councils is charged with addressing broad concerns that influence public policy and particular segments of the population. On the state level, the mandated councils function in a similar fashion as the national council while voluntary advisory groups representing clusters of occupations also advise the state departments of education regard-

ing their respective programs. There are also several types of local advisory groups. The occupational or craft committee advises the instructor at the classroom level. The program committee is more comprehensive in that it addresses the overall operation of a particular vocational program and its relationship to the community. Local vocational education councils or general education advisory groups will advise an entire school or school district. McMahan (1975), Nelson, (1974) and others stress the potential value that advisory groups can have in maintaining the relevancy of programs in relation to the needs of the community they are serving. In addition to relevancy, such groups can facilitate communications between the school and the community.

A number of the state sponsored guides mention that the most important time for an active advisory committee is during the developmental phase of the program. The group can assist in validating the need of the program, help locate resources and instructional personnel and promote the program within the community. However, they also point out that established programs can also benefit from such groups. A newly established or revitalized advisory group can do much to help the older program maintain its responsiveness to changing conditions and needs of the community it serves (Oregon, 1978),(Ohio, 1978,b).

Perhaps the most commonly stressed points found in the literature reviewed were the function and relationship of the

advisory group to the school or program it was related to. Virtually all handbooks and guides issued by state departments of education that were reviewed as well as comments offered by Thompson (1973), Nerden (1977), Clark (1978) and Miller (1975) stressed that such groups exist only to advise and make recommendations that will help guide and improve the educational activity they are related to. A commonly stressed precaution is that advisory groups must not be permitted direct involvement in the administrative or governance process of the school or program. Hoffstand and Phipps (1977) offered perhaps the most detailed discussion on this aspect of advisory groups. While advisory groups do influence the administrative and governance process of the educational operation, their involvement must be indirect and limited. They suggest that problems will likely develop if either the school or the advisory group attempts to extend the functions of the committee beyond these limits.

Sumption and Engstrom (1966) and Cochran (no date) describe a number of benefits that can be derived from an active and properly directed advisory committee. These benefits touch upon all aspects of the program including recruitment, curriculum, students and graduates, location of resources and instructional personnel, program validation and public relations. The key to achieving these benefits as was pointed out by these authors lies with the term properly directed. Proper direction begins with the organization of the committee. If the advisory group is to pro-

vide a balance of views with that of the school, it must be free from the influence of the school. Nerden (1977) and Doering (1972) caution against having school faculty appointed to the committee or in using the committee as a rubber stamp to approve school decisions. A commonly mentioned suggestion made by Robbins and Whitaker (1975) and others is that once the committee is established, it should elect its own officers and maintain its own membership. Reindeau (1978) stresses the need to properly orient new committee members to the program , and purpose and operation of the committee. Additionally the entire committee must be provided the necessary background information on issues to be considered.

Economy of time is another important aspect in maintaining advisory committee direction and purpose. Reindeau (1978) stresses the need of presenting a meaningful agenda to the committee. He suggests that membership participation will be fostered if the group has a sense of importance. Periodic evaluation of the committee was another commonly cited activity to maintain desired direction. Griffith (no date) stressed the value of periodic evaluation of committee effectiveness involving both its membership and the school faculty and administration.

While the value of advisory committees has been generally recognized and has more recently gained the status of a legal mandate, their existence is not universal. Doering (1972, p. 3) estimated that prior to nineteen sixty-

five only five to ten percent of the vocational programs in secondary schools made use of advisory groups. Weatherford and Koeninger (1974) note that while few would dispute the value of such groups, educators have been reluctant to establish and maintain active advisory groups. They suggest that some of the reasons for underutilization of these groups are: inertia, a sense that learning can only occur within a school, not knowing how to organize such a group and the assumption that community representatives are not interested. Informality was another factor cited as a deterrent to an effective advisory group by Clark (1978) and Cochran (no date). They stressed the importance of legitimizing such a committee, starting with a charter from the school and continuing with the committee developing or adopting a set of bylaws and operational guidelines. Cushman (1965), Ramey (1975), Miller (1975) and others identify a number of specific topics that should be included within such documents including purpose, size and composition of the committee, terms of appointment and election of officers. In addition to formalization, King (1965) suggests:

> that the most affective advisory committees are those in which a strong bond of respect exists among members for each others characteristics and abilities as well as general understanding and acceptance of committee objectives, a desire to accomplish them and a feeling of teamwork. p. 29.

Burkett (1971) sees an increasing level of importance assigned to advisory committees functioning as a vital link between education and industry to meet future manpower needs

and retraining needs that results from our rapidly changing society.

A general indication of the more recent efforts to reverse the pattern of underutilization of advisory groups is the number of documents published by federal, state and other agencies. Ramey (1975) notes that his efforts in developing a guide for establishing local advisory committees in Virginia was due to the recently enacted federal legislation. Several programed instruction packets have been developed such as those done by Key (1977) and Ohio State University (1978). Martin and Stephens (1971) developed a slide tape instructional program for the vocational programs throughout the state of Utah. Many other states have published handbooks that typically provide a brief overview and then present the educator a step by step guide on how to establish such a committee complete with sample documents.

A review of allied health related literature did not yield much additional information. Love (1976) pointed out that despite the value of an advisory committee as a source of input, frequently their advice is not sought or worse they are viewed as a rubber stamp for approving program actions. Kerr (1977) also underscored the vital role that such committees can play in the operation of a program. However, neither of these individuals offered anything in the way of concrete guidelines for the development or ongoing operation of such groups within the context of health care.

In a more general fashion, the need of respiratory therapy programs to respond to changing trends is demonstrated by the recently published report of the National Commission on Allied Health Education (NCAHE, 1980). The Commission identified ten areas that will likely become the prominent issues within allied health education in the eighties. These priorities underscore the growing concerns of accountability and cost effectiveness of health care training, both by the professional community and the public at large. A well designed and properly directed advisory committee is one important way that a program can provide assurance to itself and others that it is accomplishing its mission and in turn that its mission is related to current health manpower needs.

PROCEDURE

The purpose of this practicum was to develop a guide for establishing an advisory committee for the Hahnemann School of Respiratory Therapy. The procedures that were employed to accomplish this project consisted primarily of data collection and synthesis that led to the development of a format, suggested documents, and a plan for implementation. The developed materials were presented to the School faculty for implementation.

The data collection phase consisted of an extensive review of relevant literature, personal communication with key individuals in accreditation and related agencies and collection of sample documents related to advisory commit-

tees from other allied health programs.

The literature review focused on the work done in vocational education and to a lesser degree on public education. This phase of data collection made extensive use of the materials available in the ERIC system. The literature review was also extended to include a search for works from allied health education.

Communication with key individuals in accreditation and related agencies was aimed at seeking additional guidance and resources that would be relevant to this study. Telephone contacts to request assistance were made to the directors or staff personnel serving as part of JRCRTE, CAHEA, COPA, and the USOE. Additional contacts would have been made had other individuals been identified as knowledgeable in the realm of program related advisory committees.

The collection of sample documents depended heavily on the material that was available in the ERIC system. Telephone requests for relevant sample documents, guidelines and handbooks were also made to other accredited allied health programs, primarily those engaged in the training of respiratory therapy personnel. An acceptable response was arbitrarily set at the receipt of no less than five sets of advisory committees guidelines, bylaws and/or handbooks.

Subsequent to the data collection, the collected materials, comments and sample documents were reviewed

and evaluated for appropriateness. Criteria for considering material for the synthesis phase of this project included: applicability to an allied health program sponsored by a private medical university, conformance with JRCRTE accreditation standards, appropriateness for a professional training program and applicability to a program that has already been in operation for a number of years.

The synthesis phase of this project employed that material which was considered relevant according to the stated criteria to develop a format for the establishment of the advisory committee. Additionally, a suggested set of statements of organization, purpose, guidelines for operation, membership, and a plan for evaluation were developed.

Both the data collection and synthesis phases of this project were accomplished in August, 1980. The final phase of the project was accomplished by submitting the developed documents and recommendations to the Hahnemann School of Respiratory Therapy for approval and implementation.

RESULTS

The results of this study demonstrated that while advisory committees are a relatively recent concern within allied health and in particular respiratory therapy education, such groups have been an integral part of vocational education for the past half century. The attention paid to advisory committees has increased in both general and allied health as well as vocational education as a result

of federal legislation beginning in the late nineteen sixties and extending into the mid seventies.

The data collection phase which represented the major activity for this study demonstrated that a wealth of information existed on advisory committees primarily in the form of handbooks and guides for educators who wished to establish such a group. A computor assisted search of the ERIC system developed over eighty citations of which about half were to some degree relevant to the study. Works were also found in literature dealing with vocational education that were useful in this study. A search for texts and articles within allied health literature yielded two references. Unfortunately both works presented only a brief general discussion on the subject.

Contacts with representatives from accreditation and related agencies did yield some general points of information that have been described in the background section of this report. However none of the individuals from the agencies contacted were able to supply any specific material that could be incorporated in the development of documents resulting from this study.

Requests to other allied health programs for copies of advisory committee related material did produce six sets of documents that were incorporated in the synthesis phase of this project. Respondents included five respiratory therapy programs and one physical therapy program. The director of one other respiratory therapy program indicated that the

development of such a committee was targeted for the next academic year.

The data thus collected was reviewed and evaluated according to the stated criteria. The major findings of the data collection which are included in the background and literature review sections of this study demonstrated that useful and pertinent guidelines are available to assist respiratory therapy and other allied health programs in developing advisory committees that will not only meet accreditation standards but might also contribute to program improvement.

The review of documents from other allied health programs demonstated that the organizational design, function, and composition of such committees were variable. The documents from the respiratory therapy programs ranged from one to five pages in length. They touched upon only those topics required by the JRCRTE"Essentials"which are general statement of purpose, composition and the minimum frequency of meetings per year. The documents from the physical therapy program were similarly brief and limited in the topics addressed. None of the participating programs provided a charter or other statement related to the initial establishment of the committee. Bylaws or other organizational statements were variable in their scope. None touched upon all of the topics included within the suggested bylaws that were contained in the state departments of education publications reviewed in this study. Criteria for membership, selection

of officers, rules of operation and limitations of the committee were absent in one or more of each the documents from participating programs.

A noteworthy difference between the suggested composition of advisory committees described in all of the handbooks reviewed and the actual composition of the participating programs committees was that of faculty membership. In all cases, the composition suggested by the state issued guides excluded consideration of faculty from the voting membership. In all cases, the documents provided by the programs included the faculty as voting members and in one instance membership was limited to the faculty. The JRCRTE "Essentials"statements dealing with the composition of the advisory committee requires representation from the programs clinical affiliates, non program related health professionals and non health professionals. The accompanying guidelines which amplify the"Essentials"caution against loading the committee with faculty but do not prohibit it.

The synthesis phase of this study which led to the development of the suggested documents for the establishment, organization and continuation of an advisory committee for the Hahnemann School of Respiratory Therapy relied most heavily on the sample documents contained in the guides that were found in the literature review. The documents thus developed were presented to the School for implementation. These documents which are appended include a charter to formally establish and legitimize the committee. Statements

of organization, purpose and function were also developed as well as a sample letter of appointment, a plan for evaluation, a plan for committee work for the first year and agendas for the first, second and ongoing meetings of the committee.

DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

The goal of developing an advisory committee for the Hahnemann School of Respiratory Therapy will be facilitated by this study. While the actual appointment and organization of the committee was not within the scope of this project, the development of the documents necessary to do so were and have been presented to the School faculty for implementation.

Advisory committees while not highly visible within all areas of American education have existed for some time and have been fostered by a number of individuals and agencies primarily within the field of vocational education.

The value that such groups can have in general and specialized education has prompted federal legislation that required the development of such groups at the national, state, and local level. Within allied health, accreditation agencies have also required the establishment of such committees making their existence and proof of activity a requisite for new and continuing program approval.

While much has been done, the results of these efforts has been less than fully successful. A key problem in developing local advisory committee for vocational and other pro-

grams appears to be one of educating the educators. This problem seems to have been the motivating factor that has led to the number of publications that have appeared in the past decade. The educator who is required to develop and maintain an advisory committee for conformance with governmental or accreditation agency requirements is in a dilemma. He has to respond to these external forces but likely without the necessary understanding or guidance to achieve the final goals of such standards which are program improvement and quality assurance. This situation has led to perhaps one of the greatest concerns mentioned in the literature, unused or misused advisory groups. Within allied health education the absence of readily available handbooks containing guidelines and sample documents has also led to the unguided or misguided development of such committees. The lack of guidance from the accreditation agencies coupled with desire of such groups to permit the programs a maximum of flexibility appears to have hindered rather than helped these programs.

The "Essentials" and accompanying guidelines for respiratory therapy programs may also foster some misconceptions about advisory groups. In addressing the composition of the advisory committee, the guidelines caution against loading it with faculty members. Ideally, the committee should have no faculty within its membership thereby decreasing the direct influence that the program can have on the committee. This approach to composition may be inferred but

is not directly stated by JRCRTE and may have contributed to at least one program advisory committee being composed solely of faculty members. Although it appears desirable for accreditation agencies to permit flexibility, the unguided actions of programs aimed at conforming with agency standards may in fact defeat the very purpose of such standards.

A key point that was discussed in several of the works reviewed was that the effectiveness of the advisory committee depended upon proper guidance from the program. This presumes that the program faculty knows and understands the underlying principles upon which the advisory committee concept is built. An advisory group developed with an incomplete understanding of its role and purpose will likely conform to the letter of the law or standard but just as likely will not accomplish its real purpose. In turn, the program does not benefit from a group that could provide significant and in some cases critical input.

The appended documents that have been developed as part of this study were designed with the intent of not only conforming with the respiratory therapy accreditation standards but also with the goal of having the program gain the maximum benefit possible from such a group. The appointment of the committee will be formalized by way of a charter that should be offically issued by the Dean of the Hahnemann College of Allied Health Professions. The suggested statements of organization, function and operation incorporate

within one document the charges and limitations of the committee, its organizational design and procedures for initial and ongoing development. Recognizing that the group will be of maximum benefit to the program if it does not act simply a rubber stamp for the program, faculty are not eligible for membership. Since an informed committee will more likely work to the desired goals, the statements have been developed to not only cover the groups operation but also to serve as an orientation guide for its membership. General and specific statements of function, limitations, rules of operation, terms of membership, outcomes of its deliberations and procedures for evaluation were included with this end in mind.

The literature reviewed contained several key suggestions to enhance the ongoing value of such committees. One of these was rotating membership. By having a specified and non renewable term of appointment, a continuous flow of new members would help to maintain the freshness of the committee. Valued members could after one year be reappointed without fostering an automatic renewal process. To further promote freedom from direct influence from the School faculty, the committee officers will be elected by the membership. A plan of work developed on an annual basis will help to give the committee a sense of direction and will also function as a basis for its evaluation. The annual plan of work will also contribute by having committee members see a sense of purpose and importance in what they

are doing. This will in turn lead to greater involvement. The plan of evaluation will also permit the program and the committee, individually and collectively, to critically review the groups function and make whatever changes are necessary to further the benefits of the relationship. Defining the outcomes of committee deliberations will also help to reinforce the advisory nature of the group and underscore the fact that the School is not obliged to follow them but rather to incorporate them into its own deliberations. The incoporation of these considerations in the organizational statements should help to foster the development of trust and cooperation between the School faculty and the committee. This development of trust is important since the threat of domination by the advisory group was a commonly cited fear that led to the programs overcontrolling the advisory group.

While not a direct purpose of this project, the results will be presented to other programs in the Hahnemann College of Allied Health Professions and to JRCRTE. It is anticipated that the results of this study will be of benefit to other allied health programs. It will provide a concrete example of how an advisory group can be established that not only conforms to accreditation agency standards but can also function as an independent advice giving group that can make significant contributions to the development and ongoing improvement of the program.

RECOMMENDATIONS

1. Subsequent to the receipt of a copy of this study, the

Executive Director of JRCRTE should review it. If found to be of acceptable quality, it should be made available to other programs that are developing or reviewing their advisory committee. An alternate approach might be to simply make the reference list portion of this study available to them.

2. Subsequent to the receipt of a copy of this study, the directors of the Hahnemann College of Allied Health Professions Programs should review it for appropriateness as a resource document for the development or reorganization of their respective program advisory committees.
3. Subsequent to the receipt of a copy of this study, the Dean of the Hahnemann College of Allied Health Professions should review it and consider the value of establishing policy statements and guidelines addressing the development of advisory committees for all programs within the College. The dean should also consider the potential benefits that could be accrued from the appointment of a college wide advisory committee.

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APPENDIX B

A GUIDE FOR DEVELOPING THE HAHNEMANN
SCHOOL OF RESPIRATORY THERAPY ADVISORY COMMITTEE

CONTENTS:

1 - Suggested plan for the activation of the School of Respiratory Therapy Advisory Committee.

2 - Advisory Committee Charter.

3 - Suggested letter of appointment to the School of Respiratory Therapy Advisory Committee.

4 - Proposed Agendas for the first, second and subsequent meetings of the Committee.

5 - Suggested statements of purpose, organization, and procedures for the School of Respiratory Advisory Committee.

6 - Proposed annual program of work for the School of Respiratory Therapy Advisory Committee.

7 - Suggested plan for evaluation of the School of Respiratory Therapy Advisory Committee.

8 - School of Respiratory Therapy Advisory Committee member evaluation form

SUGGESTED PLAN FOR THE ACTIVATION OF THE
SCHOOL OF RESPIRATORY THERAPY ADVISORY COMMITTEE

BEGINNING SEPTEMBER 1980:

1. The documents and other materials developed are presented to the School faculty for review and acceptance.
2. The Dean of the College authorizes the establishment of the Advisory Committee using the suggested Charter.
3. The Director of Education prepares a list of tenative committee members with at least two nominees for each interest group position to be represented on the Committee.
4. The School faculty selects the individuals for initial appointment and recommends their appointment. Alternates are also selected,should the first individual decline.
5. The Dean of the College appoints the sponsored individuals to the Advisory Committee using the suggested letter of appointment. Alternates are appointed if the first nominee declines.
6. The Director of Education establishes a time and place for the first meeting and sends out notices.
7. The Advisory Committee meets following the suggested agenda for the first meeting.

SUBJECT: Advisory Committee Appointment

Dear

I am asking you to consider accepting an appointment to the Advisory Committee for the School of Respiratory Therapy of Hahnemann Medical College and Hospital.

The purpose of the Advisory Committee is to assist the School in improving the ongoing activities related to the preparation of competent respiratory therapists. In keeping with this goal, we are seeking a number of qualified individuals representing the broad interests of the professional community and the public at large.

Appointment to the Committee will not require large amounts of time,which I know is precious to all of us. The Committee will meet at least three times a year but not more than once a month. I would expect meetings to last no more than two hours. Committee members will be expected to make every effort to attend all scheduled meetings.

Should you decide to accept this appointment, please send me a letter of acceptance and a copy of your curriculum vitae. I would anticipate that the Committee will meet in mid October with meeting notices and agenda mailed out well in advance of the actual date.

Please do consider accepting the appointment and shar-

ing your knowledge and experience with us.

Sincerely,

Acting Dean - CAHP

PROPOSED AGENDA - FIRST MEETING

1. Call to order
2. Welcome, introduction of Committee members and School faculty.
3. Dean presents Committee with its charge.
4. Orientation of Committee to College, School and sponsored programs, and distribution of orientation packets.
5. Orientation and discussion of the role and expectations of the Advisory Committee and its relationship to the School.
6. Presentation of proposed Committee "statements."
7. Presentation of selected issues to be addressed in the near future.
8. Establish time and date for next meeting.
9. New business
10. Adjourn
11. Attitude readjustment

PROPOSED AGENDA - SECOND MEETING

1. Call to order
2. Role call
3. Read and approve minutes
4. Discussion and approval of Committee "statements."
5. Determination of terms of Committee membership.
6. Presentation of first annual plan of work.
7. Consideration of critical issues.
8. Election of assistant chairman
9. Establish schedule of meetings for remainder of year.
10. New business
11. Adjourn

PROPOSED AGENDA - SUBSEQUENT MEETINGS

1. Call to order
2. Role call, introduce new members and guests
3. Read and approve minutes
4. Review of agenda and changes
5. Reading of communications
6. Reports of ad hoc committees
7. Routine business
8. Consideration of critical issues
9. New business
10. Adjourn

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL
COLLEGE OF ALLIED HEALTH PROFESSIONS

STATEMENTS OF PURPOSE, ORGANIZATION AND PROCEDURES FOR THE SCHOOL OF RESPIRATORY THERAPY ADVISORY COMMITTEE

PURPOSE: GENERAL

1. Advise the School faculty in matters pertaining to the recruitment of applicants, training and education of students and placement of graduates.
2. Advise the School faculty of the relevant needs, concerns and interests of the general public and professional community in matters related to the operation of the School.

PURPOSE: SPECIFIC:

1. Assist the School in developing recruitment activities that will maintain a pool of qualified applicants for the sponsored programs of study.
2. Assist the faculty in maintaining the relevancy of currently sponsored programs of study.
3. Assist the faculty in identifying and developing new programs of study to meet new and continuing needs of the professional community and the public at large.
4. Assist the School in improving rapport with the professional community and the public at large.
5. Assist the School in the placement and evaluation of graduates.
6. Assist the School in promoting improved standards of respiratory care within the tri-state region.

7. Assist the School in the continuing process of evaluation of the program, faculty and students.
8. Assist the School in defining and responding to the changing conditions of the labor market including job openings.
9. Assist the School in locating new resources including when appropriate, instructional personnel.
10. Assist the School by stimulating and encouraging the faculty.

RESTRICTION

1. The Advisory Committee shall not function as a governing or administrative board nor shall it have the right or power to overrule directives of the institution, CAHP, or the School.

MEMBERSHIP

1. The School of Respiratory Therapy Advisory Committee shall consist of ten to fifteen members representing the professional community, the public at large, and alumni and students of sponsored programs. Full-time faculty of the School shall not be members of the Committee, but may serve as resource persons to the Committee. Other CAHP faculty may be appointed to the Committee with full voting privileges including those serving ex-officio.
2. The composition of the Committee reflecting a balance of interests shall include:
   a. At least one health professional from each of the School's clinical affiliates who functions

as a voluntary clinical instructor for one or more of the sponsored programs clinical practica.

b. The director or chairman of at least one department of respiratory therapy not affiliated with the School but representing perspective or actual employers of the School's graduates.

c. At least one board certified physician engaged in pulmonary medicine, cardiothoracic surgery, anesthesiology, intensive and emergency care or other specialty strongly related to respiratory care.

d. At least one health care educator actively involved with the training of respiratory therapists or other allied health specialists.

e. At least one non health care professional who shall represent the general public.

f. At least one elected student representative from each of the School's sponsored programs.

g. At least one graduate from the School's sponsored programs who is registered (RRT) and actively engaged in respiratory care under medical supervision.

h. The Dean of the College or his/her designate who shall represent the College and serve ex-officio.

3. The original non student members of the Committee will serve for at least two years. The terms of these members will be determined by lot. One third

of the members will serve for one additional year, one third will serve for two additional years and one third for three additional years. Thereafter the term of membership will be for three years.

4. Student members will serve a one year term.
5. Persons other than students appointed to complete an unexpired term of less than two years shall continue on the Committee; and have their term extended for an additional three years.
6. A member will serve one term and is ineligible for reappointment until one year has elapsed following the expiration of the term.
7. All members of the Committee shall have the right to the floor and voice vote.
8. Selection and appointment of the original members of the Committee will be made by the School faculty. Thereafter as vacancies occur, the Director of Education will present the names of at least two nominees for each vacancy. Additional nominations may also be made from the floor by any member. The Committee will select by a simple majority vote and appoint one of the individuals thus nominated.
9. An individual shall possess the following characteristics to be considered for nomination for Committee membership:
   a. Representative of the particular membership category where the vacancy exists.
   b. Knowledge of the field of respiratory therapy.

c. Interested in quality health care education.

d. Willing and able to serve as a member of the Committee.

e. Demonstrated certain personal characteristics essential to the success of the Committee, such as personal integrity, responsibility, maturity of thought and action, and tolerance of varying points of view.

10. Ratification of appointment to the Committee will require that the selected nominee submit a letter of acceptance and curriculum vitae to the secretary.

OFFICERS

1. The original chairman shall be the Director of Education of the School who shall serve in that capacity during the first year. Thereafter, the past assistant chairman shall assume the position for a one year term.

   The duties of the chairman are as follows:

   a. Preside over all regularly scheduled meetings.

   b. Direct the Committee in its activities.

   c. Consult with the Director of Education who shall develop the agenda and the annual work plan for the Committee.

2. The assistant chairman will be elected by the Committee from its membership with continuing appointments during the first meeting of the year. The assistant chairman will automatically assume the position of chairman in the subsequent year. Should the

current chairman resign prior to the end of the year, the assistant chairman will serve the remainder of the unfinished term and then will serve for the entire subsequent year. The duties of the assistant chairman are as follows:

a. Assist the chairman in the fulfillment of his/her duties.

b. In the absence of the chairman, preside over meetings and direct the activities of the Committee.

3. The secretary shall be the Director of Education or other members of the School faculty who shall serve on a continuing basis. The duties of the secretary are as follows:

a. Notify members of meetings.

b. Prepare an agenda for each meeting in consultation with the chairman and distribute to all members.

c. Take minutes of all meetings of the full committee, distribute copies to all members, and maintain a file of approved minutes of the full Committee.

d. Prepare an annual program of work for the Committee in consultation with the chairman and present it to the Committee.

e. Direct the annual evaluation of the Advisory Committee.

f. Maintain a file on the past and present members

of the Committee.

g. Provide the necessary clerical assistance to maintain committee effectiveness, including correspondence, preparation and dissemination of information and other duties as needed.

MEETINGS

1. The Committee as a whole shall meet no less than three times a year but not more than once a month unless so voted by the majority of the members. Regularly scheduled meetings will not be held in July and August.
2. Regular meetings shall not exceed two hours in duration unless so voted by the majority of the members present.
3. The secretary shall distribute written notices of Committee meetings at least one week prior to the meeting.
4. The Director of Education in consultation with the chairman will prepare an agenda that will be distributed to the members with the meeting notice.
5. The chairman may appoint ad hoc committees from time to time that may meet as needed.
6. A quorum shall be those in attendance of a scheduled meeting.
7. A voting majority will be 51% of the members present.
8. Minutes of all meetings will be recorded by the secretary and distributed prior to the next meeting. Copies of approved minutes will be made available

to all committee members and other interested parties.

9. The Committee will operate under Robert's Rules of Order except as provided herein.
10. Scheduled meetings of the full Advisory Committee will be open to all interested parties except when an executive session may be declared.

ANNUAL PROGRAM OF WORK

The secretary in consultation with the chairman and the Committee as a whole shall prepare an annual program of work for the Committee that shall include objectives to be accomplished by the Committee during the year, an outline of suggested activities that would lead to their accomplishment and a related schedule of when the activities would occur.

Included within the annual program of work for the Committee shall be such ongoing objectives as appointment of new members, selection of assistant chairman, evaluation of the School and each of its sponsored programs and evaluation of the Committee itself.

EVALUATION

The Advisory Committee shall be evaluated annually. Evaluation shall include input from the School faculty, the Committee as a whole and the members individually. The evaluation shall include a review of the Committee accomplishments, assessment of the impact of the Committee on the School's operation, evaluation of the contributions and participation of the Committee members and the relationship between the Committee and the School.

ORIENTATION

1. Each member of the Committee will be provided an informational packet at or before the first meeting they attend. The packet will contain publications and other documents to inform them of the goals, objectives, organization, and operation of the School and the Committee.
2. Members will be provided appropriate background information necessary to participate effectively and knowledgeably in committee deliberations.
3. Members may request the School to furnish additional information subject to restrictions of privacy and institutional regulations.

RESULTS OF COMMITTEE ACTION

In keeping with the advisory capacity of this Committee, the results of actions and recommendations it shall make may be as follows:

1. The recommendations of the Committee will be implemented in the actions, policies and procedures of the School.
2. The recommendations of the Committee will be implemented by the School, with stated modifications and with explanations.
3. The recommendations of the Committee will be declined by the School with explanations of the rejection.

LIMITATIONS

1. The Committee shall function in an advisory capacity only. It may as part of its advisory function, make recommendations that will assist in the deve-

lopment of policies and procedures that may impact on the governance and administration of the School and its sponsored programs.

2. Only the Committee as a whole may advise and make recommendations to the School.
3. Committee members shall not report opinions expressed or stands taken by other committee members in meetings, nor shall they report official actions of the Advisory Committee, or the School until such actions are cleared by the School.

Ammendments may be made to these statements by a two-thirds majority vote of the current membership of the Advisory Committee.

PROPOSED ANNUAL PROGRAM OF WORK FOR THE
SCHOOL OF RESPIRATORY THERAPY ADVISORY COMMITTEE

OBJECTIVE: The Committee will become organized to function on a continuing basis.

ACTIVITY: Approve "statements," elect officers, establish meeting dates.

TIME: October, November, 1980

OBJECTIVE: The members of the Committee will become familar with the School's programsof study.

ACTIVITIES: Identify existing goals of programs, review curricula of programs, review recruitment and admission activities for programs,review physical facilities employed in programs. Evaluate the outcomes of the programs in relation to goals.

TIME: October, November, December, 1980

OBJECTIVE: The Committee will assist in developing long and short term goals for the School's Associate Degree Program.

ACTIVITIES: Determine long range employment trends for program graduates. Determine long term trends in professional credentialling affecting graduates. Identify anticipated trends in technologies and clinical practice of respiratory therapy. Develop recommendations for program modification as appropriate for next five years.

TIME: February, March, April, and May, 1981

OBJECTIVE: The Committee will assist in developing long and short term goals for the School's Bachelor Degree Program.

ACTIVITIES: Determine long range employment trends for program graduates. Determine long term professional credentialling trends affecting graduates. Critically review program goals and suggest revision where appropriate. Critically review program curriculum and suggest revisions where appropriate. Critically review program recruitment practices and suggest revision where appropriate. Identify anticipated trends in technology and clinical practice of respiratory therapy impacting on graduates. Develop general recommendation for program modification as appropriate for the next five years.

TIME: December, January, February and March, 1980-81

OBJECTIVE: The Advisory Committee will undergo its first annual evaluation.

ACTIVITIES: The plan for evaluation of the Advisory Committee will be conducted with participation by the Committee as a whole, each member individually, and the faculty of the School.

TIME: June, 1981

PLAN FOR EVALUATION OF THE SCHOOL OF
RESPIRATORY THERAPY ADVISORY COMMITTEE

The annual evaluation of the Advisory Committee consists of three phases. Phase one is aimed at determining the general effectiveness of the Committee. Phase two addresses the contributions, involvement and sense of accomplishment of each of the Committee members. Phase three is directed to determining the impact that the Advisory Committee has had on the School and its programs.

Phase one, general committee effectiveness, will be determined by the degree to which it accomplished the objectives of its annual plan of work, other issues that is addressed throughout the year, the number of meetings that it held and the general way in which it operated. Both the School and the Committee will participate in this activity to be done during the last scheduled meeting of the Committee for the year.

Phase two, membership, will involve a review of the attendance, participation, and contributions of each Committee member. The chairman and Director of Education will conduct this activity. Each member will be asked to complete a questionnaire aimed at determining the members sense of committee importance, accomplishments and areas of strength and weakness with recommendations for improvement. The responses will be evaluated by the chairman and Director of Education.

Phase three, impact on the School, will be accomplished by the faculty of the School.

The faculty will review the activities and accomplishments of the Committee and its influence in determining School policy and practices. The results of the evaluation process will be synthesized and presented to the Advisory Committee at the first meeting of the subsequent year including recommendations for change and improvement as indicated.

RESPIRATORY THERAPY ADVISORY COMMITTEE EVALUATION

1. On an overall basis, do you feel that the Advisory Committee is effective. ☐ Yes ☐ No

   COMMENTS: _____

   _____

2. To what degree has the Committee achieved its stated objectives during the past year.

   _____

   _____

3. Identify the most important task that was presented to the Committee this past year.

   _____

   _____

   Was the task accomplished effectively? ☐ Yes ☐ No

4. What was the least meaningful activity, that the Committee was involved in this past year?

   _____

   _____

5. To what degree did you as a Committee member receive the necessary orientation so that you could participate effectively in Committee diliberations.

   _____

   _____

6. How much impact do you think the Committee has had on the operation of the School and its program?

   _____

   _____

7. Did you receive meeting notices agenda, etc., far enough in advance to permit you to attend? ☐ Yes ☐ No

COMMENTS _____

_____

8. Suggestions for improvement or change:

_____

_____

_____

_____

_____